

Continuation of Primary Health Care and Nutrition Services of Populations Affected by Conflict and Displacement in South and East Darfur States

Quarterly Program Report: October 1, 2014 – December 31, 2014
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1. Program Goal

Continued provision of health and nutrition services through PHCCs formerly supported by MERLIN to improve the overall health and wellbeing of internally displaced persons (IDPs) and vulnerable host communities in Kalma and Gereida camps in South Darfur state and in Abu Karynka, Adilla, and Ed Dain localities in East Darfur state.

2. General Overview

This is the second reporting quarter of the grant. This quarter has seen an increase in the implementation of the project activities, especially in East Darfur, which had a slow start in the first quarter. ARC continued timely provision of salient service delivery to the IDPs, returnees, and host communities in South and East Darfur states. ARC responded to the needs of vulnerable groups by improving access to quality primary health care, integrating nutrition interventions, and providing water, sanitation and hygiene (WASH) services in both South and East Darfur states. The strain created by the arrival of new IDP arrivals last quarter has lessened some, as the interventions given to them in the camps have made improvements this quarter. Buffer drugs were received from the WHO to support the newly displaced persons at the camp clinics, as part of ARC's health interventions.

Persistent security concerns in East Darfur made accessing Adilla an ongoing challenge. Because the only way to reach Adilla was through Khartoum via North Kordofan, ARC experienced increased costs for transportation of staff and supplies. ARC works to ensure the services continue to reach the targeted communities in Adilla. ARC briefed OFDA Khartoum on all operational updates.

Health: ARC continued with to provide primary and reproductive health interventions to the communities in South and East Darfur states – especially within the supported IDP camps. Eleven (11) primary health care clinics (PHCCs) and one mobile clinic were supported in the reporting period. In the second quarter, ARC provided health sector services to 45,616 beneficiaries.

Nutrition: ARC supported nutrition activities in outpatient therapeutic programs (OTPs), targeted supplementary feeding programs (TSFPs) and stabilization centers (SCs) in East Darfur and South Darfur states. ARC continued to work with the SMOH, WHO, UNICEF, WFP, and other key stakeholders operating in Darfur to implement nutrition interventions, with services geared towards reducing severe acute malnutrition (SAM), moderate acute malnutrition (MAM), and global acute malnutrition (GAM) levels among children and pregnant and lactating women (PLW). This was done at the facility level (through 11 TSFPs and 11 OTPs, which are integrated within 11 PHCCs) and at the community level, and through the support of two SCs in Kalma Camp and Gereida Camp. In the second quarter, ARC provided nutrition sector services to 14,038 beneficiaries.

WASH: ARC's WASH sector had a slow start to its activities in East Darfur due to a delayed technical agreement approval. The technical agreement has now been approved and recruitment activity commenced to hire for the much-needed technical program staff to support the activities in East Darfur. The final recruitment step is still pending HAC approval in Adilla locality. However, the team has planned to temporarily transfer one of its staff in South Darfur to Adilla to support the implementation of key WASH activities within the next quarter. Procurement has commenced for the construction of the garbage pits in East Darfur, as well as the water yards expected for Adilla locality. The construction activities are expected to be completed in the coming quarter. In the second quarter, ARC provided WASH sector services to 87,771 beneficiaries.

3. Major Successes and Challenges

SECTOR I: HEALTH

Objective: Improve health of the IDP and host populations affected by conflict and displacement in South and East Darfur states.

Sub-sector 1: Health Systems and Clinical Support:

ARC provided preventative and curative health services for the management of communicable diseases such as diarrhea, ARI, Malaria, and unexplained fever through support to the existing 11 static primary healthcare clinics (PHCCs). A total of 45,616 patients (25,758 female, 19,858 male) received services from ARC-supported facilities during the reporting period. ARC dispatched 21 rapid-response kits (RRKs) to the PHCCs during this quarter, which included supplementary drugs for children under-5. In addition, laboratory items and consumables were also distributed to three ARC-run laboratories.

ARC provided basic health services at the clinic level, conducted health promotion activities, and provided antenatal and postnatal care. Additionally, ARC staff carried out the integrated management of childhood illnesses and immunization of children under-5 against ten primary childhood diseases. Consultation was provided five days per week in all 11 PHCCs and one mobile clinics, with a 24hr reproductive health (RH) services available in the Kalma Center – Sector 6 health facility. Any medical cases that required more attention were admitted to the short-stay observation units or were referred to secondary medical care facilities, such as the Nyala Teaching Hospital and El Dain Teaching Hospital, for specialized medical treatment.

ARC continues to run functional cold chains in eight of the targeted PHCCs with fully functional EPI (Expanded Program on Immunization) capability, as per MOH and WHO standards. The cold chains are included in health facilities, which include Gereida camp (Old camp), Kalma Camp – Sector 6, Yassin, Seleah, Adilla, Bakhit, Hilal, and Habib Suliman PHCCs. ARC collected, compiled, and shared weekly surveillance reports with the State Ministry of Health (SMoH), which are used for disease trend and clinical monitoring.

Eighty-two (82) patients (54 female, 28 male) at the PHCC level were referred to the Nyala or El Dain Teaching Hospital for specialised medical treatment. For each referred patient, ARC covered transportation costs, food, and treatment, as prescribed by a medical specialist. ARC also pays the patient's transportation costs to return to their homes.

Sub-sector 2: Communicable Diseases:

Health services were provided at 11 static PHCCs and three mobile clinics in East and South Darfur. A total of 8,947 people received treatment for ARI/pneumonia, malaria, injuries, unexplained fever, and diarrhea across all ARC supported PHCCs. Diarrhea was the main illness treated, with a total of 3,639 patients (1,990 children under-5), followed by Malaria with 2,328 people treated (495 children under-5), and then ARI with 1,415 people treated (709 children under-5).

Table 1: Most Common Diseases Treated at ARC-Supported Facilities						
Disease	Under-5 years		Above 5 years		Total cases	Percent of all cases (%)
	Number of cases		Number of cases			
	Male	Female	Male	Female		
Diarrhea	1,042	948	707	942	3,639	41%
ARI	352	357	304	402	1,415	16%
Malaria	305	190	965	868	2,328	26%
Injuries	166	223	457	385	1,231	13%
Unexplained fever	73	96	92	73	334	4%
	1,938	1,814	2,525	2,670		
Total	3,752		5,195		8,947	100%

ARC continued immunization activities in all PHCCs, with routine immunization activities provided for children under-5. Children from 0-12 months were prioritized and received all childhood vaccines, given their susceptibility to communicable disease. During the reporting period, ARC vaccinated 5,549 children under-5 and 426 women of reproductive age.

During this quarter, all weekly reports on early warning signs of epidemic-borne diseases were collected and submitted regularly to the World Health Organization (WHO) and the State Ministry of Health (SMoH).

Sub-sector 3: Reproductive Health:

During the reporting period ARC provided all basic RH services, including ante-natal care (ANC), delivery by skilled personnel, post-natal care (PNC), family planning (FP), Tetanus –Toxoid (TT) administration to women of reproductive age, stabilization, and referral of complicated cases for secondary health care management. ARC also provided supplies including clean delivery kits (CDK), Iron tablets, and Vitamin A. A total of 3,446 CDKs were distributed to expectant women in their third trimester who attended ANC visits in the facility. CDKs were given to women who were close to delivery or who delivered at the health facility, including those who did not receive an ANC visit. A total of 1,006 deliveries were conducted by skilled personnel, of which 411 were conducted within an ARC-supported facility and 595 were outside the facilities. For more information on RH services in the reporting period, see Table 2.

Table 2: RH Services at ARC-Supported Facilities	
RH Service	Numbers reached
Ante-Natal Care	4,136
ANC 2+	2,539
Tetanus Toxoid (TT)	964
Tetanus Toxoid 2+	1,611
Iron tablets	1,311
Post-Natal Care	1,212
Family planning pills	175

In the reporting period, 34 clients were referred to secondary health care facilities for management of obstetric complications.

Sub-sector 4: Community Health Education/Behavior Change:

ARC, in collaboration with the SMoH, trained 20 women as part of a Women's Health Care Group (WHCG) in Kalma Camp. The group was trained on the community component of integrated management of childhood illnesses. The women were selected because they all have children under-5. They are expected to share the information within their community by formulating a care group in their neighborhood. This will help to build knowledge and promote behavior change.

SECTOR 2: NUTRITION

Objective: Improve nutrition status of the IDP and host populations affected by conflict and displacement

ARC continued to work with the SMoH, WHO, UNICEF, WFP, and other key stakeholders operating in Darfur to implement nutrition interventions, with services geared towards reducing SAM, MAM, and GAM levels among children and PLW. This work is done both at the facility level—through 11 TSFPs and 11 OTPs, which are integrated within the targeted PHCCs—and at the community level. ARC also supports two SCs in Kalma Camp and Gereida Camp.

70% of beneficiaries who received services in OTP/TSFP/SC during the reporting period were IDPs, while 25% were from the host community. The total number of beneficiaries reached in this quarter is 14,038. Relative to the total number of targeted beneficiaries (53,736), the nutrition program has reached 28,802 to date, which is 54% of the total targeted beneficiaries.

Sub-sector 1: Infant and Young Child Feeding (IYCF) and Behavior Change:

For this second quarter of the project, 84 health and nutrition education sessions were conducted in all feeding centers. 5,916 individuals (3,645 females, 2,271 males) were reached with health/nutrition messages centered on exclusive breastfeeding, best practices for behavior change, early detection of malnutrition cases, hygiene, and sanitation. Based on the reports of caretakers, 201 children aged 0-to-6 months (146 female, 55 male) were exclusively breastfed and 257 children 6-to-24 months (168 female, 89 male) were recorded to have received a supplementary food ration on a monthly basis. This is much lower than the 1,173 reported last quarter, because many of the caretakers were out in the field for the harvest, and they took their children with them.

During this quarter, community nutrition volunteers (CNVs), under the supervision of project staff, have visited 84 households (HHs). These visits reached 3,652 individuals (2,708 females, 944 males).¹ This activity was conducted with the main objective of spreading a message on the prevention of childhood illnesses, infant and young child feeding (IYCF), hygiene and sanitation, and the importance of a balanced diet. The number of deaths remained at 0%, which is an indicator of good practices of childhood illness-prevention and helps with early detection of danger signs.

Nineteen (19) cooking demonstrations using locally available food were conducted in Women's Group sessions across the 11 TSFP sites. This is less than the 29 sessions held last quarter, as many group members were still away for harvesting activities, and therefore did not meet. The main purpose of these sessions was to increase the mother/caretaker's knowledge of food preparation, balanced diet, and promotion of IYCF. The goal of these sessions is that mothers will improve cooking habits and feed their children with a

Table 3: Nutrition Program Beneficiary Numbers, by Project Site

Project site	Type of Activity	Beneficiary Type	Total Value Targeted (Whole Project)	Period Reached (Oct-Dec)	% Achieved
East Darfur (Adilla, Yassin, and Abu Karynka)	OTP	children under-5	4,474	836	19%
	TSFP	children under-5 and PLW	11,646	3,935	34%
Kalma	SFP	children under-5 and PLW	17,469	2,825	16%
	OTP	children under-5	6,713	2,284	34%
Gereida	TSFP	children under-5 and PLW	9,705	3,324	34%
	OTP	children under-5	3,729	834	23%
Total			53,736	14,038	26%

balanced diet. A total of 3,690 women participated in these sessions, compared to 4,577 of the last quarter. These figures are down from last quarter in part because an additional 120 CNVs are no longer on board. The program staff have strategized to cover the gap by relocating some TSFP staff for strengthening community outreach activities.

Sub-sector 2: Management of Moderate Acute Malnutrition (MAM):

With better availability of food supplies and the return of some caretakers (with their children) from harvest activities, the admission rate at all 11 TSFP sites increased. In this reporting period a total of 10,084 individuals (7,139 females, 2,945 males), both under-5 children and PLW, were admitted. (This is compared to 8,765 individuals in the last reporting period.) Among these admissions, 168 were PLW and 54 were admitted as old cases (defaulters).

Table 4: MUAC Screening – children under-5 and PLW

Not Malnourished	Refer to TSFP	Refer to OTP	Refer to SC
7,097	1,224	213	45
83%	14%	2%	0.5%

CNVs, under supervision of ARC nutrition staff, have conducted MUAC (mid-upper arm circumference) screenings at both the community and facility-level during this quarter. A total of 8,579 children and PLW were reached. Of these, 83% (7,097) were in good health, 14% (1,224) were referred to TSFP centers, 2% (213) were

referred to OTP, and 45 individuals, or 0.5%, were sent to inpatient care at a stabilization center. The number of beneficiaries screened has decreased compared to the last quarter. This is due to the timing (it was the harvest period) and the phase out of the 120 CNVs in Kalma and Gereida Camps. Though caretakers began returning back from the field in the last month of the quarter, less participation in community outreach activities was observed, and that led to fewer screenings of community members. Nevertheless, the average of TSFP performance indicators remained within the acceptable standards (cure rate 86%, death rate 0.1%, defaulter 6%, and non-respondent 3%).

¹ ARC considers all people present during HH visits and cooking demonstrations as "reached." For this reason this number may seem high, relative to a typical session- or family-size.

The following MAM capacity building trainings took place in this quarter:

- A five day Community-based Management of Acute Malnutrition (CMAM) training, facilitated by the SMOH, was conducted. Two nutrition nurses from Kalma Camp attended.
- Four nutrition community mobilizers from Kalma Camp (two females, two males) participated in a one-day SBCC (Social Behavior Change Communication) training organized and facilitated by WFP.
- 82 CNVs (48 females, 34 males) participated in a two-day training held in Gereida. The discussion was centered on new WFP approaches/guidelines in FY2015 regarding food-based prevention of MAM, treatment of MAM and SBCC. The training was facilitated by four trained nutrition community mobilizers, who were assisted by WFP.

Sub-sector 3: Management of Severe Acute Malnutrition (SAM):

In the reporting period, 3,955 SAM cases (2,613 females, 1,342 males) were enrolled in 11 OTP sites as new admissions. Another 205 individuals returned as “old cases.” For the same reasons as above, this number is a decrease compared with last quarter, when there were 5,835 new admissions. This quarter, the average of defaulter rate has reduced, and is within the acceptable standards (7%), compared to the last quarter (10%). To date, the average cured rate for quarter 2 is 84%, death rate is 0.5%. The project will continue to strengthen its community mobilization efforts in order to reach more children and mothers/caretakers with health and nutrition education.

The two SCs of Kalma and Gereida Camps have admitted 166 SAM cases with complications. Though a lower number of patients reported being given traditional herbs as a folk remedy (54 cases, or 32%), overall the number of cases of malnutrition has increased. Because they were away harvesting, many caretakers did not take their sick children to a health facility. This caused the situation to deteriorate and caused further medical complications. Strengthening community outreach is one of the strategies to address this issue in the next quarter.

SECTOR 3: WATER, SANITATION, HYGIENE (WASH)

Objective: To improve the water, sanitation and hygiene conditions for IDPs and host populations

Sub-sector 1: Environmental Health:

During this reporting period, seven cleanup campaigns (three days each) were conducted in El Neem Camp, El Ferdous and Alsalaya in East Darfur. In El Neem Camp the campaign was implemented jointly with the following other WASH partners: UMCOR, WES and TEARFUND. Nine tons of garbage were properly disposed and burned, which helped to reduce breeding sites for mosquitoes and flies. A total of 960 people participated, including men, women, youth, and community leaders. It is estimated that the cleanup benefitted 43,000 people. The campaign was led and organized by WASH committee members.

WASH partners agreed to continue joint cleanup campaigns at El Neem Camp in the future to increase community participation and involvement in environmental health activities. The selection of two solid waste disposal sites was done jointly with El Neem camp leaders (including the women’s group leaders) and WES. ARC called for the meeting involving 11 (4 female, 7 male) individuals. And after the meeting all attendees went to the field for selection of the best site—outside the camp and far away from the farms—and finally agreed on the disposal site. The solid waste disposal site is under construction – to be completed next quarter.

The procurement process to repair the medical waste disposal facilities in Adlia hospital has started and will be completed in the next quarter. The medical waste disposal design includes concrete slabs size 3m x 3m x 3m, a roof shelter that is 3.5m x 2m, and a garbage pit that is 2.5m x 1.5m x 1.5m made with bricks and two doors. See Figure

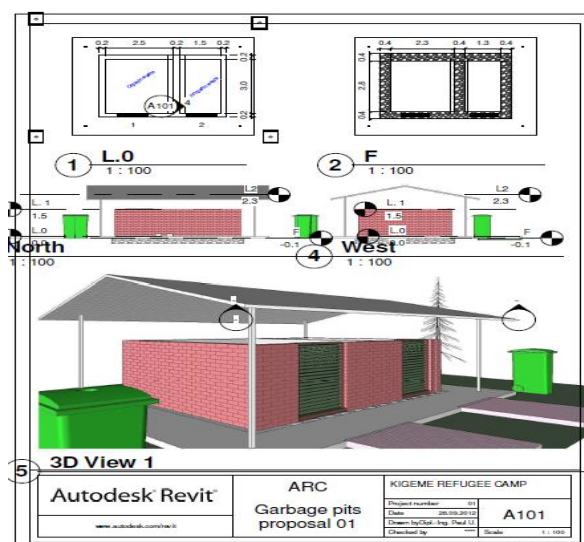


Figure 1: Proposed Design for Medical Waste Disposal Facility

I for the proposed design, though given budgetary restraints, the finished product will likely be smaller.

Sub-sector 2: Hygiene Promotion:

During this quarter 30 hygiene promoters (21 female, 9 male) were trained on hygiene promotion in El Ferdous and Alsalaya in East Darfur. The trained members were equipped with cleaning tools, training manuals, and reporting formats for sanitation and hygiene activities. The trained hygiene promoters—together with community leaders, WASH committees, and local authorities—conducted three hygiene sessions: two in Alsalaya and one in El Ferdous. There were 123 (80 female, 43 male) participants from the two sessions in Alsalaya, and 86 (44 female, 42 men) participants from El Ferdous.

During the reporting period WASH committees conducted 980 HH visits in El Ferdous and Alsalaya reaching a total of 5,880 individuals. Health promoters were able to disseminate hygiene messages to the patients on a weekly basis, covering the importance of hand washing in relation to disease prevention and control. On average they reached 467 clients per health facility per week – a total of 7,472 people in four weeks. A total of 16,021 individuals received direct hygiene promotion messages. These individuals were trained as ToT (training of trainers) and are expected to bring this hygiene messages to the rest of their community. The key messages included personal hygiene, hand washing practices, the proper way to use and clean HH latrines, hygiene sessions, water quality, proper water storages, proper ways of food handling, and jerrican clean-up campaign. It is expected that these messages will lead to behavior change, thus reducing and breaking the transmission loads for water-borne diseases. This will also work to prevent diarrhea among the targeted communities, especially children under-5.

During the reporting period, 410 household visits were conducted in El Neem camp, and 2,460 people were reached.² The purpose for the visits was to disseminate hygiene messages and raise hygiene awareness at the household level. Messages were home-specific, and based on issues observed during the visit, such as the availability and use of latrine, water storage, availability of soap for hand washing and bathing children, and the separation of animals and people.

Four hand washing facilities have been fixed at four ARC-supported PHCC clinics in Alsalaya, Selea, Yassin, and El Ferdous in East Darfur. The focus next quarter will be on personnel hygiene, household drinking water storage and hand washing at critical times.

Sub-sector 3: Sanitation Infrastructure:

The construction of institutional latrines (one block with six pits) in Adilla PHCCs in East Darfur is in progress. The block is made on flat surface without any steps to allow individuals with special needs to easily access. Currently, there is only one block with one pit for all the staff and patients, which is below the SPHERE standard, and does not allow for privacy. The VIP latrine will have two hand washing facilities (one for the females and one for the males).



Figure 2: Current Adilla Water Yard

Construction is also on-going in the Hilal PHCC. A shower for use by the patients is near completion. The delay in this construction was due to the difficulties in getting technical staff on ground to monitor its installation, which will be completed in the coming quarter.

Sub-sector 4: Water Supply Infrastructure:

The procurement process has started for the supplies to rehabilitate one high-capacity water yard in Adilla. The rehabilitation also includes a piping connection to the Adilla PHCC clinic. Rehabilitation is critical for the community. Currently the sanitation situation is poor; both humans and animals are receiving water from the same animal troughs, the yard

² These people are included in the 16,021 total individuals who are considered to have received direct hygiene promotion.



is not fenced, and both the stand tap and the generator are not functioning. It is expected that by the end of next quarter ARC will have upgraded the existing water yard and replaced the current generator. See Figure 2 for an image of the current water yard.

4. Challenges

- Collecting non-duplicative, individual-level data in Darfur is a challenge. ARC does not currently have the resources to track and report on individual outcomes. We have recently hired an M&E Coordinator, and are working to develop a system that would better extrapolate disaggregated data.
- ARC lost the support of 120 CNVs due to a decision to engage the community volunteers through the local leaders committee, in order to avoid litigation regarding Sudan labor laws. This has affected the community outreach activities. Program staff have had to cover the gap by strategically relocating some TSFP to improve community outreach activities.
- As the harvest period fell within the second quarter, ARC has dealt with reduced beneficiary participation and has had increased absentees. To address this issue, HH visits and community mobilization were increased to improve defaulter tracing and increase participation.
- There were significant delays in recruiting program staff to start operations in East Darfur:
 - The recruitment for staff for the WASH sector is in progress. The position has been advertised, and interviews and candidate selection have occurred, but HAC is yet to give the final approval. ARC is working to mitigate the effects of these delays by sending one of the program staff in Gereida to Adilla to provide support for one month while awaiting HAC's final approval of the new staff.
 - The recruitment for health staff poses a constant challenge due to the lack of qualified staff in East Darfur. ARC has advertised twice in East Darfur for the positions of Primary Health Care Manager, Reproductive Health Manager, and Reproductive Health Coordinator, with no success. The positions were posted once in Khartoum, but only one candidate applied. This advertisement has been extended to increase the chances of getting more candidates, while abiding by the official recruitment policy. A PHCC manager has been hired from outside East Darfur, following HAC approvals.
- Adilla locality remains inaccessible to international staff, and continues to be managed remotely by national staff who are familiar to and accepted by the Adilla locals. In this way, ARC has been able to reach out to beneficiaries in this locality, but continues to struggle with oversight.